

## Building an international health economics teaching network

Frew, Emma; Brown, Heather; Goodman, Allen ; Platt, Maia; Seidler, Elizabeth ; Spetz, Joanne; McIntyre, Di

DOI:  
[10.1002/hec.3655](https://doi.org/10.1002/hec.3655)

License:  
None: All rights reserved

*Document Version*  
Peer reviewed version

*Citation for published version (Harvard):*  
Frew, E, Brown, H, Goodman, A, Platt, M, Seidler, E, Spetz, J & McIntyre, D 2018, 'Building an international health economics teaching network', *Health Economics*, vol. 27, no. 6, pp. 919-922.  
<https://doi.org/10.1002/hec.3655>

[Link to publication on Research at Birmingham portal](#)

### **Publisher Rights Statement:**

This is the pre-peer reviewed version of the following article: Frew E, Platt M, Brown H, et al. Building an international health economics teaching network. *Health Economics*. 2018;27:919–922, which has been published in final form at: <https://doi.org/10.1002/hec.3655>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Self-Archiving.

### **General rights**

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

### **Take down policy**

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact [UBIRA@lists.bham.ac.uk](mailto:UBIRA@lists.bham.ac.uk) providing details and we will remove access to the work immediately and investigate.

## **Building an international health economics teaching network**

**Keywords:** teaching, capacity, international

Health economics as a sub-speciality of economics has rapidly increased in public prominence in recent years (Mills, 2014). This rise has been largely driven by the need for policy makers to prioritise within finite public budgets, within both developed countries and low- and middle-income countries (LMICs). At a time of global austerity, it is necessary to demonstrate value for money with all types of public expenditure, and this is particularly the case within many countries' health systems. As well as estimating cost-effectiveness, the theory of economics can also contribute to understanding market systems better and be used to design interventions to bring about change at both the macro and micro level.

However, despite this increased use and need for health economics expertise, there has not been a matching increase in scholars with health economics training (Kaambwa, 2013). A substantial portion of the health economics courses around the world are taught outside of traditional economics departments, often by instructors with no health economics training and sometimes by instructors with very little formal economics training at all (Gray, 2009; Sloan and Hsieh 2012, pxvii). In fact, many of these courses limit the definition of "health economics" to cost-effectiveness analysis and do not include other important content such as utility theory, risk and insurance, the role of price in equilibrating markets, production functions, or externalities (see Platt & Kwasky, 2012, for instance).

Globally, there is a capacity shortfall of health economics expertise (Kaambwa, 2013), with the greatest deficits being in LMICs (Pitt, 2016; Heydari, 2015). As with all health economics courses, the objective is not only to increase the number of health economists but also to ensure that the curriculum content and mode of delivery is of high quality and relevant to address health system needs. Whilst high-income countries have significant challenges with managing scarce health care resources, these challenges can be more acute in LMICs (Pitt, 2016). Health economists working in LMICs are faced with scarcity of routine data, substantial staff shortages, and weak governance around health systems, coupled with complex burden of disease including both infectious and non-communicable disease (Pitt, 2016). Also, teachers working within LMICs often work within institutions where funding to support the teaching infrastructure is limited, and where they have limited access to peer support to help guide content design, assessment procedures, and examples of teaching exercises that help to enhance the student and teacher journey (in relation to Africa see for example Teferra and Altbachl, 2004).

The goal of this editorial is to outline the rationale and advocate for more training of economists in health economics. We believe that on average, economics departments do not have enough focus on applied economics

disciplines such as health economics and this is one of the main reasons why there is such a capacity shortfall of health economists. As part of the strategy to address this problem, we are advocating for health economists to share teaching resources to act as a global network of support for one another to promote health economics training. Those who are active in teaching health economics need to come together to not act as competitors for students but instead to create a global community of health economics teachers that will collaborate to promote health economics training, supporting one another with this endeavour. This is in full recognition that a supportive community of teachers will work much better to boost global capacity for health economics than the simple sum of its individual parts (teachers). The benefits of such a community are two-fold: first, sharing teaching resources will enhance the student journey and the delivery of teaching; and second, acting as a supportive network to encourage those skilled in health economics to become active teachers will boost teaching capacity yet further. Teaching is a highly rewarding part of being an academic, and being part of an active teaching network will inspire others into health economics teaching.

The higher education context has changed over time (Henard, 2012). This has been in response to student expectations of higher education as well as society's altering what it expects students to learn. The delivery mechanism has also evolved with the increased use of 'technology' moving away from traditional 'campus-based' learning towards one from a remote distance with virtual support. In 2013, as part of an endeavour to encourage and support health economics teaching within the UK, the Health Economics education (HEe) website (<https://www.economicsnetwork.ac.uk/health>) was first developed. The online educational resource had four principal aims: 1) to encourage the teaching and learning of health economics; 2) to support teaching and learning in health economics; 3) to create a community of health economics teachers willing to share ideas, resources and expertise; and 4) to promote health economics to potential students.

Since 2013, this UK-based Open Educational Resource (OER) has evolved and is now a valuable resource for health economics teaching, but some challenges remain for it to achieve its full potential. One key challenge has been to establish the website as a main resource whereby health economics teachers become fully engaged with it. Sharing teaching resources requires a commitment and a shared desire from health economics teachers to boost health economics capacity generally and to enhance quality of teaching, within a traditional competitive environment with higher education institutions 'competing' for students. It requires the belief that together, as health economics teachers, we can support and enhance capacity for health economics teaching by sharing rather than competing with one another. Furthermore, since health economics is often taught outside of economics departments and sometimes by teachers with very little economics training, another challenge is how to increase awareness of the OER and boost engagement to foster a vibrant, active community of health economics teachers.

This level of commitment requires support from an international platform with an established and well-respected professional body of health economics expertise. The International Health Economics Association (iHEA) was founded in 1994; now having members from nearly 80 different countries, it is evolving to become a truly international organisation, working towards building capacity and supporting health economics within all country contexts, particularly LMICs. At the heart of iHEA is the 'i' and supporting teaching is one of the association's priorities. With this in mind, the UK HEE is being transferred to an iHEA-supported resource. This will enable HEE to develop an international profile and serve as the base for the creation of a truly international network of health economics teachers and provide access to resources for teachers located in different country settings. It will also act as a resource for students from around the world, providing opportunity for students to link up with one another and access materials that expose them to leading international health economists.

Support for such an international resource has already been demonstrated through the overwhelming interest in a series of organised pre-Congress sessions on Teaching Health Economics (THE), facilitated by a committed group of iHEA members. At the latest Congress meeting in Boston (US), approximately 125 congress delegates attended a full-day fully booked THE pre-conference event with presentations from experienced health economics teachers covering a wide range of topic areas and teaching styles. During this workshop teaching resources were shared, and the presentations were video-recorded and are available to download via the iHEA website [<https://www.healtheconomics.org/page/CongressRecordings>]. The organizers administered a purpose-developed survey to elicit views on the role of iHEA with supporting health economics teaching. There was overwhelming support for the continued development of a teaching network, with the sharing of teaching resources/materials online - over 89% of responses strongly favoured such an initiative.

iHEA is acting on this feedback and is working with HEE and the THE pre-congress session organizers to create a web-based OER repository of training materials. iHEA is compiling as comprehensive an inventory as possible of health economics training resources available on the internet and is approaching key health economics training institutions in different regions requesting them to consider making their materials available on a Creative Commons basis. The intention is to have an integrated, centralized repository where health economics educators can locate a wide range of relevant material, either housed directly in the repository or via links from the central repository to the location of the material. Materials would be available for different types of training programs at the undergraduate and graduate level, and for students with different disciplinary backgrounds (economics, other social sciences and health sciences). This will be updated on a regular basis, particularly to ensure that materials from all world regions are incorporated. The success of the UK Health Economics education website provides evidence that at least some health economics teachers are willing to share resources. While not all HE teachers may agree to share, we believe that as long as there continues to be a 'critical

mass' of teachers signed up to the venture, as evidenced in the pre-congress workshop, then these aspirations will be achieved.

While the sharing of training materials can enhance the experience of educators and learners alike and promote quality course content, providing a means for peer engagement, support and collaboration is equally important. The iHEA THE initiative will also provide a platform for networking between health economics educators, to connect individuals with common interests and to facilitate linking individuals with specific requests and those willing to assist (e.g. to identify co-supervisors for doctoral theses, facilitating visiting lectures when health economists travel and mentors for those wishing to establish new training programs). This will provide an enhanced opportunity for learning through international experiences and sharing insights with institutional leaders dedicated to high-quality teaching.

Of course, as with all higher education, there is an expectation that students not only acquire a body of knowledge but also develop skills to think critically, to communicate technical detail to policy makers, and to work effectively within multi-disciplinary teams – all in preparation for a career in health economics or health professions. These learning objectives require a varied, interactive approach to teaching that goes beyond the classroom didactic style and makes full use of existing infrastructure. This requirement is daunting to new health economics teachers. An iHEA-supported OER that provides guidance and support on best and novel teaching practices will be beneficial and will work towards creating a much-needed global capacity for health economics.

## References:

- Mills A. (2014) Reflections on the development of health economics in low- and middle-income countries. *Proceedings of the Royal Society B* 281: 20140451.  
<http://dx.doi.org/10.1098/rspb.2014.0451>
- Kaambwa B, Frew E. (2013) Health economics in the UK: capacity, constraints and comparisons to the US health economists. *International Reviews of Economics Education* 2013;12:1–11.
- Gray E, Lorgelly P. Health economics education in undergraduate medical degrees: an assessment of curricula content and student knowledge. *Medical Teacher* 2010; 32: 392-399.
- Henard F, Roseveare D. Fostering teaching in higher education: policies and practices. *Institutional Management in Higher Education*, September 2012.  
<https://www.oecd.org/edu/imhe/QT%20policies%20and%20practices.pdf>
- The Health Economics Education Website. <http://www.economicsnetwork.ac.uk/health>.
- Pitt C, Vassall A, Teerawattananon Y, Griffiths UK, Guinness L, Walker D, Foster N, and Hanson K. Health Economic Evaluations in Low- and Middle-income Countries: Methodological Issues and Challenges for Priority Setting. *Health Economics*. 2016 Feb; 25(Suppl Suppl 1): 1–5
- Heydari A, Mazloom R, Najari A, Bakhshi M. Awareness and performance of Iranian nurses with regard to health economics: a cross-sectional study. *North American Journal of Medical Sciences* 2015; 7(9): 384-389.

Platt, M., Kwasky, A. (2012). The Current State of Health Economics Education in Nursing Programs in the United States. *Academy of Health Care Management Journal*, 8 (1&2), 95-106.

Sloan, F. and Hsieh, C. (2012). *Health economics*. Cambridge, Mass.: MIT Press, p.xxvii.

Teferra, D., & Altbachl, P. G. (2004). African higher education: Challenges for the 21st century. *Higher education*, 47(1), 21-50.